

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>9-29-05</u>		2 Serial/Patent # <u>10/534269</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	\$
10 REASON:		8 TO BE REFUNDED BY:	
<input type="checkbox"/>	Overpayment	<input type="checkbox"/>	Treasury Check
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	Credit Deposit A/C #:
<input type="checkbox"/>	No Fee Due (Explanation):	9	<div style="border: 1px solid black; padding: 2px; display: inline-block;">50--1612</div>
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____	
SIGNATURE: <u>[Signature]</u>		PHONE: _____	
OFFICE: <u>ACT/DI/EO</u>		<small>Repln. Ref: 09/29/2005 ECAMPBEL 0011114300</small> <small>FC: 9204</small>	
<small>***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****</small> <small>FC: 9204</small>			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: